

United States District Court, Northern District of Mississippi
APPLICATION FOR AUTOMATION SUPPORT SPECIALIST (ANNOUNCEMENT 01-101)

PERSONAL INFORMATION

1. Name, (Last, First, Middle Initial) _____
2. Telephone Number _____
3. Social Security Number _____
4. Mailing Address (City, State, ZIP) _____
5. Are you a citizen of the United States? ☐ Yes ☐ No 6. If you checked No, what is the country of your citizenship? _____
7. Are you now, or have you ever been a civilian employee of the United States government? ☐ Yes ☐ No
8. If your response to No. 7 is Yes, what is the highest civilian grade attained? _____ Series _____ Grade _____
9. Are you receiving military retirement benefits: ☐ Yes ☐ No 10. Are you receiving any other Federal annuity? ☐ Yes ☐ No
11. Are you related, by blood or by marriage, to any judge(s), officer(s), or employee(s) of the United States Courts? ☐ Yes ☐ No If so, please state the name(s), position(s), and relationship(s) to you: _____
12. Have you ever been discharged from employment or an appointment, or have you ever resigned under threat of discharge? ☐ Yes ☐ No
If Yes, give details in the Remarks section at the end of this Application.
13. Have you ever been convicted of a criminal offense? ☐ Yes ☐ No You may omit (a) offenses as to which your record has been formally expunged by court order, and (b) minor traffic violations for which you paid a fine of \$200 or less. If your answer is Yes, give details in the Remarks section at the end of this Application.

EDUCATION

14. Do you have a high school diploma or a GED equivalent? ☐ Yes ☐ No
If Yes, what is the name and location of the school or institution that awarded the diploma or GED equivalent? _____

15. Name and Location of colleges or universities attended, including graduate and professional schools	Number of Credit Hours		Degree	Cumulative GPA and Final Class Ranking
	Semester	Quarter		

16. Academic honors and distinctions, such as Phi Beta Kappa, Omicron Delta Kappa, Order of the Coif, etc.: _____

MILITARY SERVICE

17. Have you ever served in the Armed Forces of the United States? ☐ Yes ☐ No If Yes, state the military branch and the dates of your service: _____

18. What type discharge did you receive? _____

WORK EXPERIENCE (INCLUDING EXPERIENCE WHILE IN MILITARY SERVICE) START WITH PRESENT EMPLOYMENT AND WORK BACK

Dates of Employment (month and year) From _____ To _____	Number of hours worked per week:	Exact title of your position:	
Present Salary or Hourly Rate: \$	If Federal Service, Classification Grade and Level	Place of employment:	Kind of business or organization
Name and complete address of employer:		Name and title of immediate supervisor:	
Telephone Number of Employer:		Number of employees you supervised:	
Reason for Leaving:			
Brief description of your work:			

Dates of Employment (month and year) From _____ To _____	Number of hours worked per week:	Exact title of your position:	
Present Salary or Hourly Rate: \$	If Federal Service, Classification Grade and Level	Place of employment:	Kind of business or organization
Name and complete address of employer:		Name and title of immediate supervisor:	
Telephone Number of Employer:		Number of employees you supervised:	
Reason for Leaving:			
Brief description of your work:			

(PLEASE MAKE ADDITIONAL COPIES OF THIS FORM AS MAY BE NECESSARY TO COMPLETE YOUR APPLICATION)

Dates of Employment (month and year) From _____ To _____	Number of hours worked per week:	Exact title of your position:	
Present Salary or Hourly Rate: \$	If Federal Service, Classification Grade and Level	Place of employment:	Kind of business or organization
Name and complete address of employer:		Name and title of immediate supervisor:	
Telephone Number of Employer:		Number of employees you supervised:	
Reason for Leaving:			
Brief description of your work:			

Dates of Employment (month and year) From _____ To _____	Number of hours worked per week:	Exact title of your position:	
Highest Salary or Hourly Rate: \$	If Federal Service, Classification Grade and Level	Place of employment:	Kind of business or organization
Name and complete address of employer:		Name and title of immediate supervisor:	
Telephone Number of Employer:		Number of employees you supervised:	
Reason for Leaving:			
Brief description of your work:			

19. The Automation Support Specialist position requires two years specialized work experience, which must be progressively responsible technical support of automation equipment. It also requires computer-related work requiring regular and recurring application of troubleshooting procedures, demonstrated superior organizational skills, and demonstrated superior attentiveness to details.

Describe how your work experience meets these standards.

(Attach additional pages as may be necessary to complete this question)

20. A successful Automation Support Specialist possesses a variety of skills, abilities, and capabilities, including, but not limited to, the following: superior ability to communicate and diagnose problems; superior ability to organize, prioritize, and advise management of technical needs; superior ability to cooperate and get along with others.

Describe your skills, abilities, and capabilities, and state how and why those qualities prepare you for the position of Automation Support Specialist.

21. Please state any other information about yourself, your professional background, or your work experience that you think may support your application for the position of Automation Support Specialist. Do not use more than the space provided below for this information.

22. Please give the names, mailing addresses, and telephone numbers of three persons who may be contacted to provide reference information for you.

Date: _____

Signature

By signing this application you certify that all statements made on or in connection with the application are true to the best of your knowledge and belief. Omission or misstatement of material fact may cause forfeiture of the right to employment by the United States District Court for the Northern District of Mississippi. Your signature attests to your acknowledgment (i) that all information you provide may be investigated, and (ii) that employment is at will and subject to termination by the Court.

REMARKS

Use this page, and copies as may be necessary, to respond fully to questions 11, 12, and 13 of this application form. Preface your entries with references to the numbers of the questions to which you are responding.